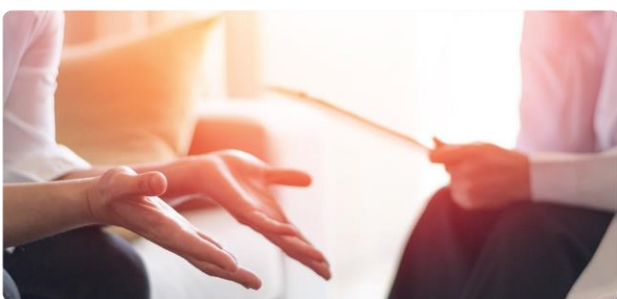
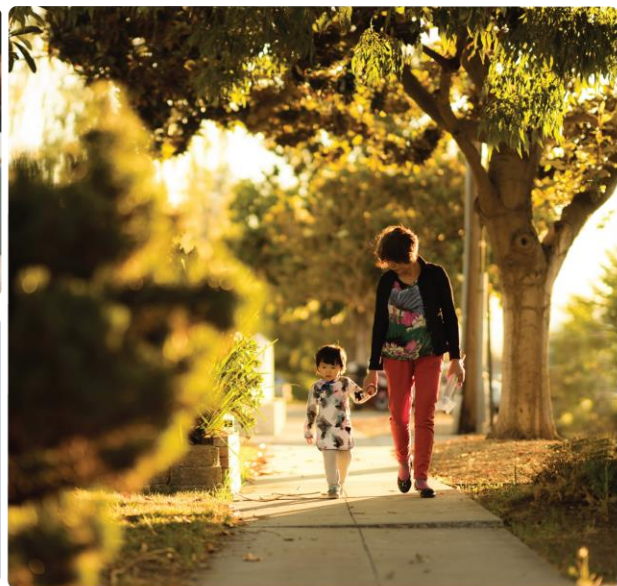


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City of Fond du Lac

2025 Employee Benefits Guide



City of Fond du Lac



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Benefits Guide

This guide outlines your employee benefits for 2025. For more information, please consult Human Resources.

Benefits Basics

City of Fond du Lac offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

Eligibility

As a City of Fond du Lac employee, you are eligible for benefits if you work at least 20 hours per week.

You become eligible for benefits the 1st of the month following your date of hire. If you are hired on the 1st of the month, your benefits become effective immediately. There are a few benefits that are effective on your date of hire.

Benefits effective on your date of hire:

- Basic and Voluntary Life and AD&D
- Group LTD
- Deferred Compensation
- EAP, Estate Guidance & Will Service, and Travel Assistance

Eligible Dependents

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your children or stepchildren up to age 26
- Your legally disabled adult child over age 26 (please see Human Resources for eligibility criteria)

Once your benefit elections become effective, they remain in effect until the end of the year unless you experience a qualified life event.

How to Enroll

Please review your current benefits, if applicable. Once you're ready to enroll, make your enrollment elections by completing your enrollment on Employee Navigator.

As a reminder, your benefit elections can have a significant impact on your health, well-being, and finances. Your benefits will take effect on January 1, 2025, and will remain in effect until December 31, 2025, so weigh your options carefully. Remember that you may only change coverage if you experience a qualifying life event.

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage, divorce, or legal separation
- Birth of your child
- Death of spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse, or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify HR within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact HR within 30 days of the qualified event, you must wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

Questions? Contact:

Human Resources at nwillner@fdl.wi.gov

Definitions

Copay

A copay is a fixed dollar amount that you will pay for a healthcare service or visit.

Coinsurance

After you meet your deductible for the year, you will be responsible for a certain percentage of the costs. This is known as coinsurance. For example, if the coinsurance amount is 10%, that means you will owe 10% of the cost after you have reached your deductible.

Deductible

A deductible is the portion that you must pay out-of-pocket before the plan pays for your healthcare expenses.

In-Network

Doctors, clinics, hospitals, and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-Network

Treatment received from doctors, clinics, hospitals, and other providers who are not in-network. A health plan may cover these costs, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Out-of-Pocket Maximum (OOPM)

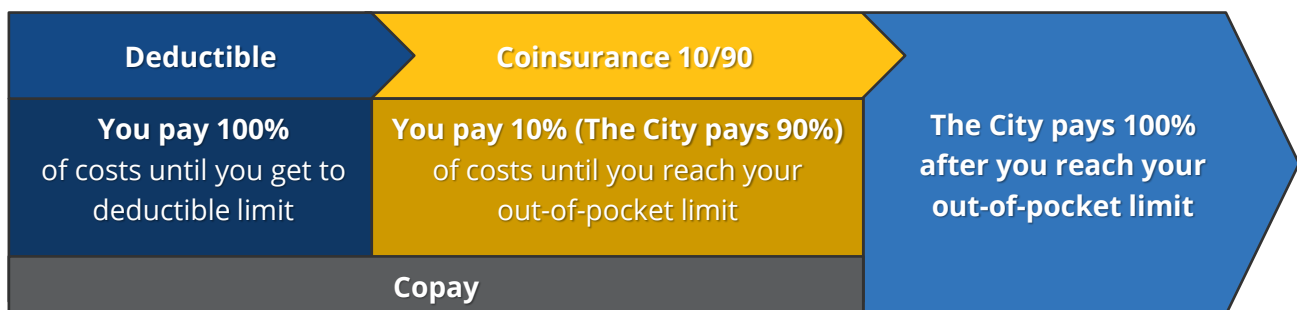
The most you pay during a policy period. When you've reached your OOPM, the Plan will pay 100% of covered healthcare services for the remainder of the plan year. OOPM includes deductibles, coinsurance, and copays.

Premium

The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically and deducted from their paycheck.

Primary Care Physician (PCP)

A physician (generally a family practitioner, internist, or pediatrician) who provides ongoing medical care.



Benefits Brainshark

Learn more about City of Fond du Lac's Benefits! You can scan the Code below to watch our Benefits Video about what City of Fond du Lac has to offer.



Enrollment Platform

Employee Navigator

This year employees will be enrolling online via Employee Navigator. See the link below for step-by-step directions on how to enroll in your benefits through Employee Navigator.

Open Enrollment is a designated annual period in which you can add, cancel or change your coverage elections.

[Open Enrollment Directions](#)

Looking for a Provider?

Scan the QR Codes below to find out more information and search for a provider!

Medical

Visit providir.hps.md



Dental

Visit deltadentalwi.com/s/find-a-provider



Vision

Visit deltadentalwi.com/s/find-a-deltavision-provider-near-you



Garner Health - Advocacy



City of Fond du Lac has implemented Garner to help you find quality healthcare at an affordable price.

What is Garner?

Garner is a free healthcare benefit that connects you to the best medical providers with a quick search on their app. By utilizing Garner, Garner will reimburse you for qualifying out-of-pocket medical costs.

How Does It Work?

Garner analyzes the largest medical claims dataset in the U.S. to evaluate doctor performance. They then narrow the list to the top 20% of doctors to create the list of Top Providers in your network. Some of the following criteria measure these Top Providers:

- Successfully diagnose problems
- Produce the best patient outcomes
- Get the highest patient satisfaction ratings
- Practice based on the latest medical research

If you utilize a Top Provider, you will be reimbursed for qualifying out-of-pocket expenses.

Plan Reimbursement Benefits

- **Receive reimbursement of up to \$2,000 for individuals or \$4,000 for families**
- Starting 1/1/2025, Garner will reimburse your qualifying out-of-pocket medical costs.

Getting Started

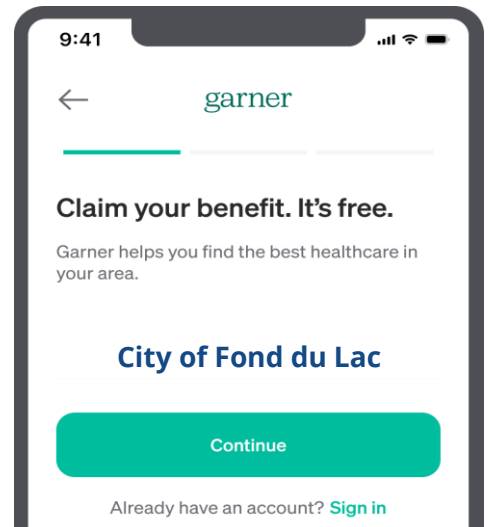
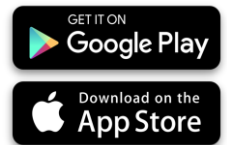
Once you enroll in the medical plan, you will need to download the Garner Health app.

Scan the QR code or go to the App Store or Google Play to get started. If you do not have a smartphone, you can visit garner.guide/oe.



When prompted, be sure to:

- Choose: City of Fond du Lac
- Enter your full legal name
- Verify your identity: Enter your personal information correctly.



GARNER REIMBURSES QUALIFYING OUT-OF-POCKET COSTS FOR:



Office Visits



Physical Therapy

The facility or therapist must be in-network



Imaging and Lab Work

Includes X-rays and MRIs



Urgent Care

Find a facility on the Garner Health app or from your Concierge



Hospital Bills

Incurred during a surgery or other procedure with a Top Provider



Prescriptions

When prescribed by an Approved Provider

Garner Health - Advocacy (cont'd.)



Three Key Steps to Starting Your Garner Benefit

To receive Garner's reimbursement, you must create an account, then:

1. Find a provider

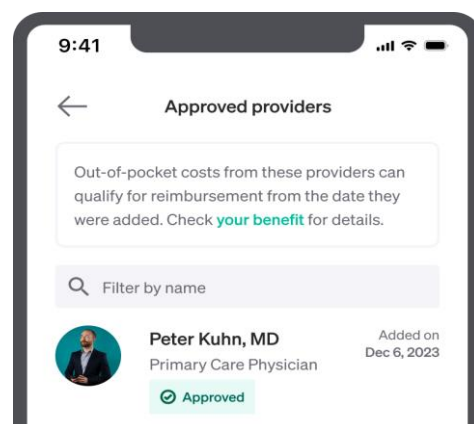
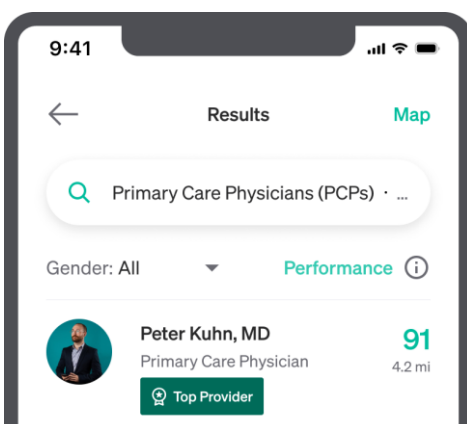
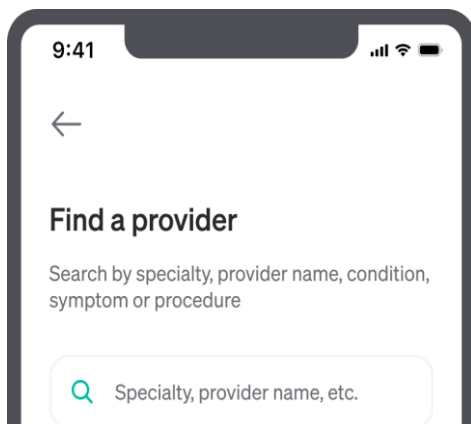
Search by name or symptom. Costs from doctors with a Top Provider badge qualify for reimbursement.

2. Create your list

Top Providers are automatically added to your list as soon as they are visible on your screen.

3. Check your list

Make sure your doctor is added **BEFORE** you see them. Costs from approved providers qualify for reimbursement **AFTER** they are added to your list.



Frequently Asked Questions

Need help? Contact your Concierge.

You can contact your Concierge for help via the Garner app or website, by emailing concierge@getgarner.com, or by calling 866-761-9586 Mon. - Fri. from 8:00 a.m. to 8:00 p.m. ET.

Am I required to see Top Providers that Garner recommends?

No, you are not obligated to see any provider that Garner recommends, however, if you do not add and use a Top Provider, prior to a visit you will not be eligible for the reimbursement.

Are recommended Top Providers in-network with my health insurance?

Garner does their best to only recommend Top Providers that are in your network, but we always recommend verifying that a provider is still in-network.

If I'm unable to search by a specific provider specialty in the Garner app, does Garner not recommend these providers?

If you are not able to search for a specific specialist in the app, such as a Nurse Practitioner, please reach out to your Concierge to support these searches and provide recommendations.

Does Garner recommend Physician Groups?

No, Garner provides recommendations on an individual provider basis only.

Is the Garner app and website experience available in Spanish?

Yes, in your Garner account settings you can set Spanish as the default language for the app and website experience.

Medical Plan

Medical benefits are administered by Auxiant. For more information, call **(800) 279-6772**, visit auxiant.com or download the Auxiant mobile app.

City of Fond du Lac 2025 PPO Medical Plan

	In-Network	Out-of-Network
Annual Deductible		
• Individual	\$2,000	\$4,000
• Family	\$4,000	\$8,000
Out-of-Pocket Maximum (Includes Deductible)		
• Individual	\$4,000	\$8,000
• Family	\$8,000	\$16,000
Lifetime Maximum	Unlimited	Unlimited
Member Coinsurance	10%	40%
Preventive Care	Covered at 100%	40% after deductible
Primary Physician Office Visit	10% after deductible	40% after deductible
Specialist Office Visit	10% after deductible	40% after deductible
X-Ray and Lab	10% after deductible	40% after deductible
Virtual Visit (Teladoc)	Covered at 100%	N/A
Inpatient Hospital	10% after deductible	40% after deductible
Outpatient Hospital	10% after deductible	40% after deductible
Urgent Care	10% after deductible	40% after deductible
Emergency Room	\$250 Copay then 10%	\$250 Copay then 10%

For more information on your 2025 monthly payroll deductions, please see Employee Navigator. Monthly rates may vary based on the Union contract. As a reminder, be sure to complete your Health Risk Assessment (HRA) and receive a discount on your premiums!

The Provider Network for City of Fond du Lac is HPS

The City's provider network is through Health Payment Systems (HPS). Call **(888) 477-7968** or visit onlineaccess.hps.md to register, find answers to questions, pay now, and more.

To find out if your provider is in-network, visit providir.hps.md.

HPS pays in-network claims and sends out Super Explanation of Benefits (SuperEOBs) that include:

- A monthly account summary with the total amount due
- Claims detail for new charges
- All in-network provider claims included (employee + any dependents)
- Payment options (contact HPS to set up interest-free payment options!)
- Where to call with questions

To set up your account, make sure you have the following:

- The City's Group Number (F1013)
- Your or your dependent's date of birth
- The last four digits of the member's Social Security Number
- The Statement Number (in the upper-right-hand corner of your SuperEOB).

Note: This is a summary of your benefits; in the case of conflict, the summary plan document will take precedence.

Prescription Drug Coverage

City of Fond du Lac has partnered with CVS Caremark to provide prescription drug coverage.

City of Fond du Lac 2025 Prescription Drug Benefits		
	In-Network	Out-of-Network
Pharmacy Out-of-Pocket Maximum		
Individual	\$3,600	N/A
Family	\$7,200	N/A
Retail Pharmacy		
Day Supply	30-day 90-day	N/A
Generic	\$10 Copay \$30 Copay	N/A
Preferred Brand Name	\$30 Copay \$90 Copay	N/A
Non-Preferred Brand Name	\$60 Copay \$180 Copay	N/A
Mail-Order Pharmacy (Caremark.com)		
Day Supply	90-day	N/A
Generic	\$20 Copay	N/A
Preferred Brand Name	\$60 Copay	N/A
Non-Preferred Brand Name	\$120 Copay	N/A
Specialty Pharmacy		
Day Supply	30-day	N/A
Specialty in Prudent Rx	30% Copay (if enrolled in Prudent Rx, covered at 100%)	N/A
Specialty NOT in Prudent Rx	Generic: \$5 Copay Preferred Brand Name: \$25 Copay Non-Preferred Brand Name: \$50 Copay (Need to pick up at CVS or mail order)	N/A



Phone: (866) 818-6911

[caremark.com](https://www.caremark.com)

- Find a retail pharmacy near you
- Check drug costs
- Set up mail order delivery
- And more!



Phone: (800) 578-4403

[prudentrx.com](https://www.prudentrx.com)

- Help manage the cost of Specialty Medications

Preventive Wellness

What is Preventive Care?

Preventive Care is routine health care that includes screenings and services that are covered at 100% by the medical plan with no out-of-pocket costs when your doctor is in-network. Examples of a Preventive Care visit include a Wellness Visit where your doctor will review your family history, and check your heart rate, blood pressure, weight and cholesterol levels. It can also include specific screenings recommended based on your age or your gender.

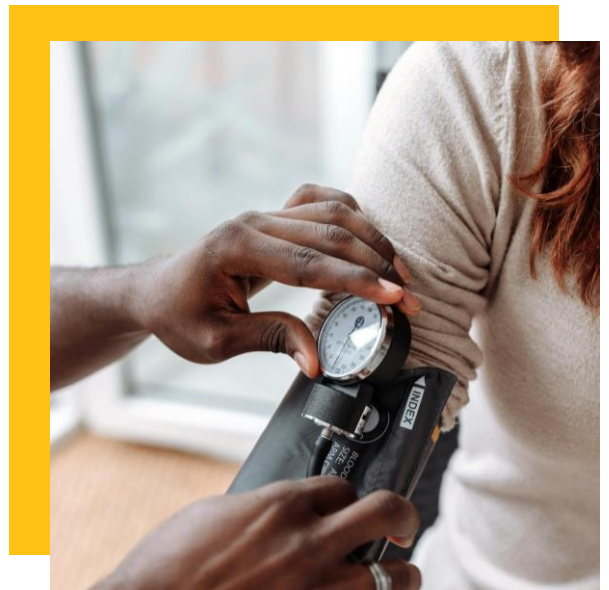
Why is Preventive Care Important?

Many types of screenings and tests can catch disease before it starts or in its early stages. This is critical for keeping health problems from developing into chronic conditions.

Preventive Exams vs Office Visits

The purpose of a preventive visit is to review your overall health, identify risks and find out how to stay healthy. Your plan covers 100% of a preventive visit when you see a doctor in your plan network.

The purpose of an office visit is to discuss or get treated for a specific health concern or condition. You may have to pay for the visit as part of your deductible, copay and/or coinsurance.



Screenings for Men

- Blood pressure tests should be taken at least every two years to detect early signs of hypertension.
- Cholesterol tests should be done every five years after the age of 20. High levels of cholesterol raise the risk of heart attack and stroke.
- Blood sugar tests should be completed every three years after the age of 45 to measure the risk for diabetes.
- Colorectal cancer screenings, such as a colonoscopy, should be done after the age of 45.
- Prostate cancer screenings—Men over the age of 50 should have a yearly digital rectal exam and prostate screening test.
- Testicular cancer exams—All teenage males and adult men should have a testicular exam at every annual physical.

Screenings for Women

- Mammograms—Beginning at age 40, women should have a mammogram every year to detect breast cancer.
- Pap smears—Women aged 21 or over should have a pap smear every three years to screen for precancers.
- Cholesterol screenings should be completed every five years after age 20.
- Blood pressure tests detect early signs of hypertension. Women aged 18 to 40 should have their blood pressure taken once every two to five years. Women aged 40 and older should have a blood pressure test once every year.
- Colorectal cancer screenings—Women should have a colorectal screening to detect cancerous cells and growths in the inside wall of the colon after age 45.

Where to Go for Care

How much you pay for care can depend on where you get it. Consider the below information if you are in need of a doctor.

Options	Teladoc Virtual Visit	Corporate Care Clinic	Primary Care Provider (PCP)	Urgent Care	Emergency Room
Visit for	See a doctor whenever, wherever		Care from a doctor who knows you best	Serious conditions that aren't life threatening	Life- and limb-threatening emergencies
Average Cost*	FREE	FREE to \$	\$\$	\$\$\$	\$\$\$\$
Treatment for	<ul style="list-style-type: none"> Cold & Flu Allergies Bronchitis Pink Eye Skin Rash Moles/Warts UTI Upset Stomach 	<ul style="list-style-type: none"> Preventive Care (12+) Disease Management Acute Care (5+) Minor Surgical Procedures 	<ul style="list-style-type: none"> Mild Asthma Infections (skin, eye, ENT) Vomiting Diarrhea Cough Pneumonia 	<ul style="list-style-type: none"> Sprains Back Pain Minor Broken Bones Minor Burns Strep Throat 	<ul style="list-style-type: none"> Chest Pain Shortness of Breath Severe Asthma Attack Heavy Bleeding Major Burns Kidney Stones
Pros	<ul style="list-style-type: none"> Talk to a doctor in minutes Visit by phone or video Available 24/7/365 Get a prescription 	<ul style="list-style-type: none"> Provides preventive care (12+) Treats more severe issues Same day or next day appointment 	<ul style="list-style-type: none"> Long-term relationship Periodic checkups Treats more severe issues 	<ul style="list-style-type: none"> Available 24/7/365 Treats emergency issues 	
Cons	<ul style="list-style-type: none"> Cannot treat severe medical conditions 	<ul style="list-style-type: none"> Not immediate care Must leave home or work 	<ul style="list-style-type: none"> May not be available for days Must leave home or work Sit in a waiting room with other sick people 	<ul style="list-style-type: none"> High cost of care Long wait times Must leave home or work Sit in a waiting room with other sick people 	

Bundled Treatment Options

Providing cost-conscious options for employees is a top priority for City of Fond du Lac. This page highlights some of the programs that have been implemented to help save money.

Ovation Hand Institute

The Ovation Hand Institute specializes in Carpal Tunnel Treatment and has locations in Milwaukee and Green Bay. To learn more or to schedule an appointment, reach out by phone at (844) 432-1600 or visit ovationhand.com.

Holista

Holista offers Orthopedic and other surgical services at a discounted price. Holista is based out of Milwaukee. Contact *Holista Concierge Care* at **(855) 240-9430** to schedule an appointment or check out holistahealth.com for more details.

GI Associates

Digestive issues can really get you down, but there is help! City of Fond du Lac has partnered with GI Associates to provide care in the North-Central Wisconsin Area. GI Associates can help with some of the following issues:

Call **(414) 454-0600** or visit giassoc.org for more information.

- Celiac Disease
- Chronic Pancreatitis
- Cirrhosis
- Colitis (Microscopic)
- Colitis Ischemia
- Constipation in Adults
- Crohn's Disease
- Diverticulitis
- GERD
- Heartburn
- Hemorrhoids
- Iron Deficiency Anemia
- Irritable Bowel Syndrome
- Lactose Intolerance



Scan here to
learn more!



Bundled Treatment Options (cont'd.)

NEW IN 2025 – ATI Physical Therapy

City of Fond du Lac offers Physical and Occupational Therapy through ATI. See below for more details on this new program!



- Employees and dependents enrolled in the health plan at City of Fond du Lac are covered at 100% for all therapy sessions with a zero-dollar copay and no deductible requirement to utilize the services.
- You do not need a physician referral to start physical therapy treatment for most conditions.
- 25 visit calendar year limit but may be extended if medically necessary.
- If you have another primary insurance, then those guidelines must be followed.

Personalized Rehabilitation: ATI offers personalized rehabilitation treatment with hands-on physical therapy for a variety of concerns and conditions including:

Acute and chronic pain, strain and sprains, joint trauma, sciatica, headaches, TMJ dysfunction/jaw pain, Vestibular dysfunction/vertigo/dizziness, concussions, woman's health/pelvic pain, balance disorders and fall prevention, difficulty walking/gait dysfunction, overuse injuries, joint replacement, pre- and post-surgical conditions, hand pain injury, sports-related injury and neurological conditions.

Online Physical Therapy Services: At ATI, whether you're recovering from surgery, preparing for surgery or hoping to avoid surgery altogether, their online physical therapy service (ATI CONNECT) can help you reach your treatment goals. They have taken the time to design a platform that provides the best-in-class treatments.

- **Easily Accessible:** Visit a PT with your mobile phone, tablet or computer with no app to download.
- **HIPAA Compliant:** Video visits are private and secure.
- **Convenient:** Home-based treatment ensures uninterrupted program compliance.
- **Trusted Partner:** Treatment provided by our licensed physical therapists.

If you're experiencing pain, don't live with it!

Schedule an appointment today!
Call (833) ATI-0001 or visit
ATipt.com/locations



Dental Plan

Delta Dental

(800) 682-0795

[Deltadentalwi.com](https://deltadentalwi.com)

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler, and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

City of Fond du Lac offers two dental plans through Delta Dental. See below for more details about each of the plans.

City of Fond du Lac 2025 Dental Plans				
	Delta Dental (Low Plan)		Delta Dental (High Plan)	
Deductible	EPO Dentist	Out-of-Network	PPO Dentist	Premier or Out-of-Network
Employee	\$50	N/A	\$25	\$25
Family	\$150	N/A	\$75	\$75
Annual Maximum	\$750		\$1,000	
Preventive Services				
Oral Exam	Covered at 100%	N/A	Covered at 100%	
Bitewing X-Ray, Cleaning/Scaling	Covered at 100%	N/A	Covered at 100%	
Fluoride	Covered at 100% through age 18	N/A	Covered at 100% through age 18	
Sealants	Covered at 100% through age 13	N/A	Covered at 100% through age 13	
Basic & Major Services	Dental Associates	Out-of-Network	PPO Dentist	Premier or Out-of-Network
Fillings	Deductible then 20%	N/A	Deductible then 20%	
Endodontics & Periodontics and Extractions	Deductible then 20%	N/A	Deductible then 20%	
Crowns, Inlays, Onlays, Bridges and Dentures	Deductible then 50%	N/A	Deductible then 50%	
Implants	Deductible then 50%	N/A	Deductible then 50%	
Orthodontia				
Coverage (no adult coverage)	N/A		Children to age 19	
Coinsurance	N/A		50%	
Lifetime Maximum	N/A		\$1,000	

2025 Monthly Payroll Deductions		
	Delta Dental (EPO)	Delta Dental (PPO)
Employee	\$39.98	\$51.96
Employee & Spouse	\$79.96	\$105.84
Employee & Child(ren)	\$89.20	\$115.72
Family	\$142.80	\$192.06

Find a Provider Today!

Visit deltadentalwi.com/s/find-a-provider

EPO Plan: Select Delta Dental PPO Network

PPO Plus Premier Plan: Select Delta Dental PPO plus Premier Network

City of Fond du Lac allows you to seek treatment from vision providers of your choice. However, out-of-network costs may be greater than if using an in-network provider. In addition, if you choose to use your benefits out-of-network, you will be required to pay for the full cost of the services and then request a reimbursement from Delta Dental.

Go to deltadentalwi.com or call (844) 848-7090 to find an in-network provider.



City of Fond du Lac 2025 Vision Benefits		
	In-Network	Out-of-Network
Exam Contact Lens Fit/Follow-Up	\$10 Copay \$40 Copay	\$35 Allowance N/A
Frequency		
• Exam	12 Months	12 Months
• Lenses	12 Months	12 Months
• Frames	24 Months	24 Months
Frames	\$150 Allowance, then 20% off the balance	\$75 Allowance
Lenses		
• Single Vision	\$10 Copay	\$25 Allowance
• Bifocals	\$10 Copay	\$40 Allowance
• Trifocals	\$10 Copay	\$55 Allowance
Contact Lenses	\$150 Allowance, then 15% off the balance	\$120 Allowance

2025 Monthly Payroll Deductions	
Employee	\$6.24
Employee & Spouse	\$12.48
Employee & Child(ren)	\$12.74
Family	\$18.98

Wisconsin Vision™

In partnership with Wisconsin Vision, City of Fond du Lac is offering vision discounts to employees and dependents who do not have vision insurance. Check out the details to the right. For more information, call (920) 922-5990.

Wisconsin Vision Discount Plan		
Service	Discount	Retail
Eye Exam	\$59	\$89
Basic Frame	\$39	Up to \$79
Designer Frame (Retail \$100+)	30% Off Retail	Full Price
Lenses		
• Single Vision	\$50	\$85
• Line Bifocal	\$75	\$125
• Line Trifocal	\$95	\$140
Progressive Lenses		
• Basic	\$115	\$190
• Premium	\$175	\$265
• Ultra-Premium	\$230	\$325
20% Discount is available on most other products and services		

Flexible Spending Account (FSA)

An FSA is a special health care or dependent care expense account that lets you set aside a portion of your pay – before taxes – to use on eligible medical and dependent care expenses. During your enrollment period, you will decide how much to put in your FSA for the year, but it is important to note that this account resets annually, **so if you don't use it, you lose it.**

Grace Period for Health Care Flexible Spending Account (HCFSAs) and Dependent Care Flexible Spending Account (DCFSAs)

While the plan states 'if you don't use it, you lose it', there is a grace period that City of Fond du Lac has implemented.

- January 1, 2025 – March 15, 2026, you may incur qualified expenses to be submitted for reimbursement.
- January 1, 2025 – June 14, 2026, you may submit for reimbursement on the previous year's funds.



Helpful FSA Facts

	Health Care FSA	Dependent Care FSA
Maximum Annual Contribution:	\$3,300	\$5,000 per household or \$2,500 if married, filing separately
You can use this FSA to pay for:	Health care costs such as: <ul style="list-style-type: none">• Prescriptions• Doctor visits• Dental or vision care• Deductibles, copays and your percentage of the costs• Some over-the-counter items	Care for your child under the age of 13, disabled spouse, elderly parent or any dependent that is physically or mentally unable to care for themselves: <ul style="list-style-type: none">• Before- and after-school care• Daycare, adult care or elder care• Summer day camp
Funds availability:	Available on day one of the plan	Available as payroll deposits are made

For a complete list of eligible health care or dependent care expenses, review publications 502 and 503 at [irs.gov](https://www.irs.gov).



For FSA information, call EBC at (800) 346-2126 or visit ebcflex.com

Do you have a medical question or concern, but don't know who to ask or where to turn? A brief doctor's visit doesn't always give you enough time to get all of your questions answered. That's why City of Fond du Lac provides Teladoc as a resource **for those on the health plan** where you can ask an expert your medical questions or concerns right over the phone at **no cost!**

When To Use Teladoc

Medical Care

- Cold & Flu
- Allergies
- Bronchitis
- Skin Problems
- Moles/Warts
- Urinary Tract Infection
- Stomach Upset

Mental Health Care (18+)

- Anxiety
- Depression
- PTSD
- Stress
- Family/Marriage Issues
- Trauma Resolution
- Work Pressures



For more information, call **(800) 362-2667**.
Set up your account in minutes, by visiting
mydrconsult.com.

FREE

**for employees and dependents
(18+) enrolled in the medical plan**

Corporate Care Clinic

City of Fond du Lac works with the FABOH (Fond du Lac Area Businesses on Health) to provide health plan enrollees access to the SSM Corporate Care Clinic. Several services at the clinic are provided at no cost.

Some services offered include:

- Annual Wellness Exams (Age 12+)
- School Physicals
- Disease Management
- Acute Care
- Minor Surgical Procedures
- Lacerations
- Allergies
- Cold/Respiratory Infections
- Sprains/Strains

CORPORATE CARE CLINIC
420 E. Division Street, Fond du Lac

Monday through Friday
7 a.m. to 5 p.m.

To set up an appointment, call
(920) 926-5578.



Employee Assistance Program (EAP)

Sometimes life can be challenging. That's why City of Fond du Lac has partnered with SSM Health to provide an Employee Assistance Program (EAP) to all employees — at no cost! The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time. You and your immediate family/household members receive up to six FREE counseling sessions with an EAP Professional.

EAP counselors will assist you with concerns such as:

- Stress on the job or at home
- Parenting difficulties
- Caring for elderly parents
- Marriage or relationship concerns
- Alcohol or drug misuse
- Feeling hopeless, depressed, or lonely
- Concerns with eating or sleeping
- A personal family health crisis
- Death of a family member or friend
- Job loss or career issues
- Financial concerns
- Anger or resentment
- Gambling
- And much more



To learn more, head to
ssmhealth/EAP.com

**Call (920) 924-0614 24 hours a day, 7 days
a week for confidential assistance!**

Basic Life and AD&D Coverage



All employees working 20+ hours per week are provided with company-paid life insurance and company-paid accidental death insurance through The Hartford. You can also purchase additional supplemental coverage.

Company-Paid Life and AD&D Coverage

Who is Covered?	Amount	Premium Amount
Employee Salaried Exempt General	1.5x salary up to \$250,000	Paid by City of Fond du Lac
Employee Non-Exempt General and Union	1x salary up to \$150,000	Paid by City of Fond du Lac
Spouse	\$10,000	Paid by City of Fond du Lac
Child(ren)	15 days – under 6 months: \$250 6 months – 18 years old: \$5,000 per child	Paid by City of Fond du Lac
Additional Information <ul style="list-style-type: none">The benefit amount available to you (employee) under this plan is subject to a reduction schedule beginning at age 65You are also covered under Estate Guidance Will Services, Travel Assistance, and Identity Theft Support Services at no cost to you.		

Voluntary Life and AD&D Coverage

Call (866) 294-7987 or visit thehartford.com for more information.

You can purchase additional coverage for yourself, your spouse, and your child(ren). When you purchase supplemental life, it will include a matching accidental death benefit. As a new hire, you and your spouse will be guaranteed coverage in City of Fond du Lac's supplemental life plans (up to the guaranteed amount below). This will be your only opportunity to have guaranteed coverage in these plans. Any requests to enroll or increase your coverage after your new hire period will require you and/or your spouse to submit Evidence of Insurability (EOI).

Employee and spouse premiums are determined/calculated using the Employee's age. Please see the rates in Employee Navigator.

The benefit amount available to you (employee) under this plan is subject to a reduction schedule beginning at age 65.

Note: You must elect supplemental life on yourself to elect it for your spouse/dependents. The employee elected amount must be at least double the amount of dependents.

Who is Covered?	Amount	Initial Guaranteed Issue
Employee	Increments of \$10,000	\$150,000
Spouse	Increments of \$10,000	\$30,000
Child(ren)	15 days – under 6 months: \$250 6 months – 18 years old: \$5,000 or \$10,000	\$10,000

Voluntary Short-Term Disability



City of Fond du Lac offers voluntary short-term disability insurance through the Hartford. You may purchase voluntary short-term disability that best aligns with your sick leave bank. For example, if you have more time in your sick leave bank, you may want to purchase a longer elimination period such as 30 days for accident and sickness. If you have less time in your sick leave bank, you may want to purchase a shorter elimination period for accident and sickness.

Rates are based on the employee's age and earnings and increase as you enter each new category. However, the longer the elimination period, the lower your monthly rates are. Please see rates in Employee Navigator.

Monthly Benefit Amount	Elimination Period (Day Injury / Day Illness)	Benefit Duration
60% of your total weekly earnings to a weekly maximum of \$1,500	1 Injury / 8 Illness 8 Injury / 8 Illness 15 Injury / 15 Illness 30 Injury / 30 Illness	13 weeks

Voluntary Long-Term Disability

City of Fond du Lac offers voluntary long-term disability insurance through the Hartford.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement for lost income. If you are electing coverage after New Hire enrollment, Evidence of Insurability (EOI) will need to be completed. This benefit is now available for ALL employees.

Rates are based on the employee's age and earnings and increase as you enter each new category. Please see rates in Employee Navigator. Rates will be based off of your 1/1/2024 salary and hourly rate.

Monthly Benefit Amount	Elimination Period	Benefit Duration
60% of your total monthly earnings to a monthly maximum of \$5,000	90 days	Social Security Normal Retirement Age

Hospital Indemnity

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. See Notice requirement on page 27.

Hospital Indemnity Insurance is designed to help provide financial protection for you by issuing you a lump sum payment due to a hospitalization. You can use the benefit paid to you to meet the out-of-pocket expenses and extra bills that can occur. Lump-sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of the treatment.

To learn more about Hospital Indemnity Insurance, visit thehartford.com/benefits/hospital.

Monthly Payroll Deductions		
Employee		\$10.10
Employee + Spouse		\$20.84
Employee + Child(ren)		\$18.96
Family		\$31.04
Hospitalization		
First Day Hospital Admission (non-ICU)	Up to 1 day/year	\$500
Daily Hospital Confinement (day 2+)	Up to 30 days/year	\$100
First Day Intensive Care Admission (ICU)	Up to 1 day/year	\$600
Daily ICU Confinement (day 2+)	Up to 30 days/year	\$200
Daily Hospital Duration		Up to 30 days
Provisions		
Pre-Existing Conditions		None
Wellness Benefit	One time per year	Employee: \$50 Spouse: \$50 Child: \$50



SCAN ME!



Accident and Critical Illness

City of Fond du Lac has partnered with The Hartford to offer employees the ability to purchase Accident and Critical Illness insurance. This voluntary coverage is 100% employee-paid and is not meant to replace medical coverage. If the criteria is met under the definition of these plans, you will receive a lump-sum payment.

Accident Insurance

We never know when an accident will occur and the impact it can have on our wallet can be tremendous. Accident insurance is intended to help you with the unexpected costs associated with an accident. Benefits are paid directly to you to help pay for your everyday expenses.

All benefits are paid tax-free.

Click [here](#) for a video on Accident, Critical Illness, and Hospital Indemnity.



Benefits may be paid for:

- Surgery
- Burns
- Blood/Plasma
- Emergency Dental Work
- Hospital Admission
- Concussions
- Transportation and Lodging
- Dislocations and Fractures
- Medical Equipment

Monthly Payroll Deductions:

- Employee: \$6.36
- Employee + Spouse: \$10.02
- Employee + Child(ren): \$10.62
- Family: \$16.72

Note: For more information on specific coverage under this policy, please see the benefit summary.

Critical Illness Insurance

Critical illnesses can be a major detriment to your income with increased health insurance expenses and the cost of daily living. Critical Illness insurance pays a lump sum, directly to you for conditions such as:

- Heart attacks
- Cancer
- Strokes
- Organ transplants
- Coronary artery bypass

Employees can elect coverage for themselves, their spouse, and/or their children. You must be actively at work and 'benefit-eligible' to purchase this voluntary benefit.

Coverage Amounts:

- **Employee:** Choice of \$10,000, \$20,000, or \$30,000
- **Spouse:** 100% of the Employee's elected Coverage Amount
- **Dependent Child(ren):** 100% of the Employee's elected Coverage Amount (per child)

Premium amounts are calculated based on your age and the amount of coverage you are seeking. Children are covered under employee coverage at no additional cost. Please see rates in Employee Navigator.

Note: For more information on specific coverage under this policy, please see the benefit summary.

Call (866) 294-7987 or visit thehartford.com for more information



EstateGuidance® Will Services

Having a will is important no matter the size of your estate. A will ensures that your intentions will be honored in the event of your death, including your wishes about who will inherit your property, serve as guardian of your children, and manage your estate. If you have Basic Life insurance paid for by City OF Fond du Lac, you have access to Estate Guidance Will Services through The Hartford at no cost to you.

This free service helps you create a simple, legally binding will online. You may wish to consult with your attorney as well.

- Visit estateguidance.com
- Use this code: WILLHLF
- Then follow these easy steps:
 1. Access The Hartford's Estate Guidance Will Services online estateguidance.com
 2. Enter the code WILLHLF where it asks for a Promotional Code
 3. You can then select Create a Last Will & Testament for Free
 4. Follow the instructions and create your will.
 5. Download the final will to your computer and print.
 6. Sign the will in front of two witnesses who will also sign. Determine if your will should be notarized.



SCAN ME!

Travel Assistance and ID Theft Services

If you have Basic Life insurance paid for by City of Fond du Lac, you are covered under the Travel Assistance and Identity Theft Support Services through The Hartford at no cost to you. These services are administered by the International Medical Group (IMG).

Travel Assistance

When the unexpected happens far from home, it's important to know whom to call for assistance.

For assistance, call **(800) 243-6108**. Be sure to have your employer's name and a phone number where you can be reached when you call. If you are outside of the U.S. call **(202) 828-5885**.

IMG can help you with travel medical services, pre-trip and cultural information, lost luggage assistance, lost document assistance, medical evacuation, and much more!

Identity Theft Support Services

Identity theft services include:

- **Education:** Assistance to help prevent theft and support on the steps to take following theft.
- **Credit Bureau Notification:** Assistance notifying all three major credit reporting agencies to obtain a copy of your credit report and place an alert on your records.
- **Credit Information Review:** Assistance to review your credit information and history over the phone to determine if fraud or theft has occurred.
- **Identity Theft Affidavit:** Assistance with completing an identity theft affidavit and direction on who to send it to.
- **Card Replacement:** Assistance in replacing credit, debit, and membership cards.

Retirement Benefits

Retirement planning is key to securing your financial future. At City of Fond du Lac, employees have multiple retirement options to help with future planning.

Wisconsin Retirement System (WRS) Benefit

Employees working 1,200+ hours per year are automatically enrolled in the state pension plan. Employees can contribute additional funds voluntarily. To learn more and to calculate an unofficial projection of your WRS benefits, visit etf.wi.gov. For questions, call (877) 533-5020.

Mission Square

Mission Square offers additional investment options, guidance, and one-on-one help for your retirement accounts and other financial goals and challenges. Brad Smith is our retirement Plan Specialist and comes onsite once a month to meet with employees. To schedule an appointment with Brad watch for communication or reach out to HR.

Contact Information:

Brad Smith: jbsmith@missionsq.org

Website: Missionsq.org

Download the Mobile App Today!



SCAN ME!

Medicare Support

City of Fond du Lac partners with Brown & Brown Eligibility Services to offer Medicare support to those nearing Medicare age (age 65) including:

- Education
- Plan selection
- Enrollment assistance

**For those nearing or at age 65, call
(833) 830-2386 for more
information today!**



Active Employees

Medicare guidance and
enrollment support



Retirees under 65

Medicare education and
transition planning



Disabled Employees

SSDI advocacy and representation,
with Medicare guidance, ESRD



Retirees 65+

Medicare education and
plan selection

Contacts

Coverage	Carrier	Phone Number	Website/Email
Medical	Auxiant	(800) 279-6772	Auxiant.com
	Garner	(866) 761-9586	GetGarner.com
	Teladoc	(800) 362-2667	Teladoc.com
	Corporate Care Clinic	(920) 926-5578	Ssmhealth.com
	ATI Physical Therapy	(833) ATI-0001	ATIpt.com
	Ovation Hand Institute	(844) 432-1600	Ovationhand.com
	GI Associates	(715) 847-2558	Giassoc.org
	Holista	(855) 240-9430	Holistahealth.com
	HPS	(888) 477-7968	Onlineaccess.hps.md
Pharmacy	CVS Caremark	(866) 818-6911	Caremark.com
EAP	SSM Health	(920) 924-0614	Ssmhealth.com/EAP
FSA	EBC	(800) 346-2126	Ebcflex.com
Dental	Delta Dental	(800) 682-0795	Deltadentalwi.com
Vision	Delta Vision Wisconsin Vision	(800) 682-0795 (920) 922-5990	Deltadentalwi.com Wisconsinvision.com
Basic Life/AD&D	The Hartford	(866) 294-7987	Thehartford.com
Disability	The Hartford	(866) 294-7987	Thehartford.com
Voluntary Benefits	The Hartford	(866) 547-4205	Thehartford.com
Retirement	B&B Eligibility Services	(833) 830-2386	
	WRS	(877) 533-5020	Etf.wi.gov
	Mission Square	(800) 669-7400	Missionsq.org jbsmith@missionsq.org

Annual Notices

Hospital/Fixed Indemnity Plan Notice – Effective 01/01/2025

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance; it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [Healthcare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissions' website ([naic.org](https://www.naic.org)) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.

Your Medicare Part D Notice is located on page 29 of this packet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed on the next page.

Important Notices

01/01/2025

City of Fond du Lac

Mailing Address 160 S. Macy St, PO Box 150
Fond du Lac, Wisconsin 54936

Contact Name Nikki Willner

Contact Title Human Resources

Contact Email: nwillner@fdl.wi.gov

Contact Phone: 920-322-3423

Your Medicare Part D Notice is the first section of this packet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.

Important Notice from City of Fond du Lac About Your Prescription Drug Coverage and Medicare, Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Fond du Lac and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2) City of Fond du Lac has determined that the prescription drug coverage offered by CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Or contact the person listed below.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **City of Fond du Lac** changes. You also may request a copy of this notice at any time.

Effective Date: 01/01/2025

Employer Name: City of Fond du Lac

Contact Name/Title: Nikki Willner
Human Resources

Address: 160 S. Macy St, PO Box 150
Fond du Lac, Wisconsin 54936

Phone: 920-322-3423

Email: nwillner@fdl.wi.gov

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of

eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic

information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those establishes for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until

coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

Patient Protections

Auxiant generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator (see cover page for contact information).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Auxiant or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this

site: <http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site:

<http://www.dol.gov/vets>

An interactive online USERRA Advisor can be viewed at

<http://www.dol.gov/elaws/userra.htm>



New Health Insurance Marketplace Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

Part A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Nikki Willner at 920-322-3423 or nwillner@fdl.wi.gov.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name City of Fond du Lac		4. Employer Identification Number (EIN) 39-6005450
5. Employer address 160 S. Macy St, PO Box 150		6. Employer phone number 920-322-3423
7. City Fond du Lac	8. State Wisconsin	9. Zip Code 54936
10. Who can we contact about health coverage at this job? Nikki Willner		
11. Phone number (if different from above)	12. Email address nwillner@fdl.wi.gov	

Here is some basic information about health coverage offered by this employer:

· As your employer, we offer a health plan to:

- ☐ All employees. Eligible employees are: [fill in eligibility rules if applicable]
- ☒ Some employees. Eligible employees are: [full-time, working 20 hours/week or more]

· With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: [your legal spouse, regardless of gender, and your natural, step or adopted children until the end of the month in which they reach age 26]
- ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**** Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective Date: 01/01/2025

Privacy Officer: Nikki Willner
Title: Human Resources
Email: nwillner@fdl.wi.gov
Phone: 920-322-3423

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting

www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
 - *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

• How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Notice Regarding Wellness Programs

City of Fond du Lac has a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a reduced monthly medical premium. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Nikki Willner at 920-322-3423 or nwillner@fdl.wi.gov.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Fond du Lac may use aggregate information it collects to design a program based on identified health risks in the workplace, City of Fond du Lac will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is your physician in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Nikki Willner at 920-322-3423 or nwillner@fdl.wi.gov.

Brown & Brown, Inc. and all its affiliates, do not provide legal, regulatory or tax guidance, or advice. If legal advice counsel or representation is needed, the services of a legal professional should be sought. The information in this document is intended to provide a general overview of the services contained herein. Brown & Brown, Inc. makes no representation or warranty as to the accuracy or completeness of the document and undertakes no obligation to update or revise the document based upon new information or future changes.

[illegible]

[illegible]



The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.